

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY																																																																																																							
TRANSCRIPT ORDER						DUE DATE:																																																																																																						
<i>Please Read Instructions:</i> 1. NAME Hermann Bauer (Hermann.Bauer@oneillborges.com) 4. MAILING ADDRESS 250 Ave. Muñoz Rivera, Ste. 800 8. CASE NUMBER 17-bk-3283 9. JUDGE Dien 12. CASE NAME In Re: Commonwealth of Puerto Rico 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER																																																																																																												
2. PHONE NUMBER (787) 282-5723 5. CITY San Juan 10. FROM 12/14/2017 11. TO 12/14/2017 13. CITY Boston 14. STATE MA 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						3. DATE 12/14/2017 6. STATE PR 7. ZIP CODE 00918 17. ORDER PORTIONS DATE(S) PORTION(S) DATE(S) <input type="checkbox"/> VOIR DIRE <input type="checkbox"/> TESTIMONY (Specify Witness) <input type="checkbox"/> OPENING STATEMENT (Plaintiff) <input type="checkbox"/> OPENING STATEMENT (Defendant) <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) <input type="checkbox"/> CLOSING ARGUMENT (Defendant) <input type="checkbox"/> OPINION OF COURT <input type="checkbox"/> JURY INSTRUCTIONS <input checked="" type="checkbox"/> OTHER (Specify) Entire transcript for 12/14/2017 <input type="checkbox"/> SENTENCING <input type="checkbox"/> BAIL HEARING																																																																																																						
17. ORDER <table border="1"> <thead> <tr> <th>CATEGORY</th> <th>ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)</th> <th>FIRST COPY</th> <th>ADDITIONAL COPIES</th> <th>NO. OF PAGES ESTIMATE</th> <th>COSTS</th> </tr> </thead> <tbody> <tr> <td>ORDINARY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NO. OF COPIES</td> <td></td> <td></td> </tr> <tr> <td>14-Day</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NO. OF COPIES</td> <td></td> <td></td> </tr> <tr> <td>EXPEDITED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NO. OF COPIES</td> <td></td> <td></td> </tr> <tr> <td>DAILY</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NO. OF COPIES 1</td> <td></td> <td></td> </tr> <tr> <td>HOURLY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NO. OF COPIES</td> <td></td> <td></td> </tr> <tr> <td>REALTIME</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).</td> <td>ESTIMATE TOTAL</td> <td>0.00</td> </tr> <tr> <td colspan="4">18. SIGNATURE <u>/S/ HERMANN D. BAUER</u></td> <td colspan="2">PROCESSED BY</td> </tr> <tr> <td colspan="4">19. DATE 12/14/2017</td> <td colspan="2">PHONE NUMBER</td> </tr> <tr> <td colspan="4">TRANSCRIPT TO BE PREPARED BY</td> <td colspan="2">COURT ADDRESS</td> </tr> <tr> <td colspan="2">ORDER RECEIVED</td> <td>DATE</td> <td>BY</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">DEPOSIT PAID</td> <td></td> <td></td> <td>DEPOSIT PAID</td> <td></td> </tr> <tr> <td colspan="2">TRANSCRIPT ORDERED</td> <td></td> <td></td> <td>TOTAL CHARGES</td> <td>0.00</td> </tr> <tr> <td colspan="2">TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT</td> <td></td> <td></td> <td>LESS DEPOSIT</td> <td>0.00</td> </tr> <tr> <td colspan="2">PARTY RECEIVED TRANSCRIPT</td> <td></td> <td></td> <td>TOTAL REFUNDED</td> <td></td> </tr> <tr> <td colspan="2">TOTAL DUE</td> <td></td> <td></td> <td colspan="2">0.00</td> </tr> </tbody> </table>						CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	18. SIGNATURE <u>/S/ HERMANN D. BAUER</u>				PROCESSED BY		19. DATE 12/14/2017				PHONE NUMBER		TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		ORDER RECEIVED		DATE	BY			DEPOSIT PAID				DEPOSIT PAID		TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	0.00	PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		TOTAL DUE				0.00		
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